RETURN TO: SECRETARY OF STATE STATE CAPITOL 500 E. CAPITOL AVE. PIERRE, S.D. 57501 (605)773-4845 Fax (605)773-4550

QUALIFICATION FAMILY FARM AND AUTHORIZED FARM LIMITED LIABILITY COMPANIES

No Filing Fee

2. The state of its organization	ı is						
The address of the registered office and the name of the registered agent in South Dakota isZip+4							
	ty Company, the address of	its principal office or registere	ed office in its state of o	organization is			
5. List the acreage and location	on by section, township and	county of each lot or parcel of or the keeping or feeding of pou	land in this state owne				
5. The names, addresses and t	itle of the members and/or	manager(s).					
Name	Title	Street Address	City	State	Zip +4		
7. Please check which applies	to this Limited Liability Co	ompany: FAMILY FAR	M AUTHO	RIZED FARM			
actively engaged in far	ming, or their relatives with	The number of membership in nin the third degree of kindred, umber of generations with each	or who has resided on	or has actively ope	erated the farm		
		OR					
	rship interests owned by restrictivity is	sident members who are family	farmers and are active	ly engaged in farm	ing as their		
		7-9A-15) The percentage of gries is%. (Must not ex-			pany derived		

Name	Address			Membership Interest	
			(Total) _		
Oated		(Signature)			
TATE OF					
OUNTY OF		(Title)			
On this the day of	, 20, before	me,			
ersonally appeared			, kr	nown to me, or proved to me	
o be the		of the corporation th	at is described in	and that executed the within	
nstrument and acknowledged to me that such	h corporation executed the same.				
My Commission Expires		ublic)			